STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge: Deduct.	Coins.	Copay.	Amount and Basis for Determination
PHARMACEUTICAL PRODUCTS		X		$2.00 per prescription
PRACTITIONER VISITS			X	$1.00 per office visit, home visit, eye examination or medical psycho-therapy services $2.00 effective April 1, 1997
OUTPATIENT HOSPITAL VISITS		X		$3.00 per non-emergency outpatient clinic or emergency room visit $6.00 per non-emergency outpatient clinic or emergency room visit effective April 1, 1997 per approved waiver.
RURAL HEALTH CLINIC & FQHC		X		$2.00 per encounter

1) Copayment amounts were based on the average payment for these services an din accordance with 42 CFR 447.53, 447.54, 447.55. Exemptions for exclusion for cost sharing apply to: Recipients under the age of 21; pregnant women; institutionalized individuals; emergency services; family planning services and supplies; HMO enrollees; individuals who receive hospice care (as defined in sectin 1905 (o) of the Act).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: WYOMING

B. THE METHOD USED TO COLLECT COST SHARING CHARGES FOR CATEGORICALLY NEEDY INDIVIDUALS:

/X/ PROVIDERS ARE RESPONSIBLE FOR COLLECTING THE COST SHARING CHARGES FROM INDIVIDUALS.

/__/ THE AGENCY REIMBURSES PROVIDERS THE FULL MEDICAID RATE FOR A SERVICE AND COLLECTS THE COST SHARING CHARGES FROM INDIVIDUALS.

C. THE BASIS FOR DETERMINING WHETHER AN INDIVIDUAL IS UNABLE TO PAY THE CHARGE, AND THE MEANS BY WHICH SUCH AN INDIVIDUAL IS IDENTIFIED TO PROVIDERS, IS DESCRIBED BELOW:

PROVIDERS ARE INSTRUCTED THEY MAY NOT DENY A CLIENT SERVICES IF THE CLIENT IS UNABLE TO PAY THE COPAYMENT. THIS DOES NOT ELIMINATE THE CLIENT'S LIABILITY FOR THE CHARGE. IF A CLIENT REGULARLY FAILS TO PAY THE COPAYMENT A PROVIDER MAY EXCLUDE THE CLIENT FROM THEIR PRACTICE.

*Description provided on attachment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Providers and recipients are notified of copayment requirements through Medicaid bulletins. During claims processing exceptions are identified as follows: Age and institutional status from the recipient file; pregnancy services are indicated on the claim or from the diagnosis file; emergency services from the diagnosis file; family planning services from the procedure/diagnosis file. There are no HMO providers in the state. Hospice services are identified through eligibility lock in status